

RESEARCH TRAVEL GRANT
(MASTER'S WITH THESIS)

			REF.
SURNAME		GIVEN NAMES	STUDENT NO.
ACADEMIC UNIT	TELEPHONE NO.	OFFICE	LABORATORY
E-MAIL			
STUDENT SESSION AT THE TIME OF THE STAY		MASTER'S SESSIONS 2 TO 6	

LOCATION OF THE STAY	CITY	COUNTRY
DATE OF THE STAY	FROM	TO
	YEAR MONTH DAY	YEAR MONTH DAY
EXPLAIN BRIEFLY THE RELEVANCE OF THIS STAY.		

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_____ DATE _____ SIGNATURE (REQUESTER)

RECOMMENDATION (THESIS DIRECTOR)	
RECOMMENDATION (INCLUDING JUSTIFICATION OF THE RELEVANCE OF THE REQUEST AT THIS STAGE OF RESEARCH PROGRAM OF THE CANDIDATE)	
NAME (PLEASE PRINT)	_____
E-MAIL	_____
DATE	SIGNATURE (THESIS DIRECTOR)

FOR USE OF THE FACULTY OF HEALTH SCIENCES	
NAME OF THE ASSOCIATE DEAN	APPROVAL
_____	_____
DATE	SIGNATURE (ASSOCIATE DEAN)

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